



**FAUQUIER COUNTY  
JOHN MARSHALL SOIL AND WATER  
CONSERVATION DISTRICT**

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Warrenton, Virginia 20186  
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[www.johnmarshall.swcd@vaswcd.org](http://www.johnmarshall.swcd@vaswcd.org)



## EMPLOYMENT APPLICATION

### PERSONAL DATA

1. Position applying for: \_\_\_\_\_ Announcement Number: \_\_\_\_\_
2. Full Legal Name: \_\_\_\_\_  
(Last) (First) (M) Social Security Number: \_\_\_\_\_  
(Note: Completion of social security number is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)
3. Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip) (County)
4. Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
5. Are you under 16 years of age? Yes ☐ No ☐ If yes, can you furnish a work permit? Yes ☐ No ☐
6. For purposes of compliance with the Immigration Reform and Control Act, are you eligible for employment in the U. S.? Yes ☐ No ☐

### EDUCATION AND TRAINING

7.

	High School	College/University	Graduate/Professional
School Name and Address			
Highest Year Completed			
Dates Attended			
Major			
Minor			
Degree Received			

If you did not complete high school, do you have a high school equivalency diploma? Yes ☐ No ☐

Special Qualifications (Include Active Technical or Professional Licenses, Academic or Professional Awards, and other relevant skills):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clerical Skills (Indicate number of years experience in each category):

Software Programs:

- ☐ Excel ☐ Word  
☐ Access ☐ PowerPoint  
☐ Outlook ☐ Other \_\_\_\_\_

☐ Typing \_\_\_\_\_ wpm / \_\_\_\_\_ years

☐ Personal Computer \_\_\_\_\_ years

## EMPLOYMENT HISTORY

8. Starting with the most recent, describe ALL paid, military, and applicable volunteer experience. Highlight your knowledge, skills, and abilities that best demonstrate your qualifications for this position. If more space is required, attach additional sheets utilizing the same format. AN EXPLANATION OF ANY PERIOD OF UNEMPLOYMENT MUST BE INCLUDED in Item #16.

May we contact employers listed below? ☐ Yes ☐ No If no, mark with an asterisk (\*) those you do not wish us to contact.

A. DISMISSALS and/or FORCED RESIGNATIONS:

Have you ever been dismissed or asked to resign from any position? ☐ Yes ☐ No If yes, explain further in Item #16.

B. Job Title: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year) (Month) (Year)  
Employer: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Your name if different from present: \_\_\_\_\_  
Number and titles of employees you supervised: \_\_\_\_\_  
Briefly describe your position and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason(s) you left, or would like to leave: \_\_\_\_\_

C. Job Title: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year) (Month) (Year)  
Employer: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Your name if different from present: \_\_\_\_\_  
Number and titles of employees you supervised: \_\_\_\_\_  
Briefly describe your position and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason(s) you left, or would like to leave: \_\_\_\_\_

D. Job Title: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year) (Month) (Year)  
Employer: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Your name if different from present: \_\_\_\_\_  
Number and titles of employees you supervised: \_\_\_\_\_  
Briefly describe your position and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason(s) you left, or would like to leave: \_\_\_\_\_

E. Job Title: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year) (Month) (Year)  
Employer: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Your name if different from present: \_\_\_\_\_  
Number and titles of employees you supervised: \_\_\_\_\_  
Briefly describe your position and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason(s) you left, or would like to leave: \_\_\_\_\_

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F. Job Title: \_\_\_\_\_ From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year) (Month) (Year)  
Employer: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Annual Salary: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Your name if different from present: \_\_\_\_\_  
Number and titles of employees you supervised: \_\_\_\_\_  
Briefly describe your position and duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason(s) you left, or would like to leave: \_\_\_\_\_

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### MILITARY SERVICE

9. Have you served in the U.S. Armed Forces? ☐ Yes ☐ No Branch of Service \_\_\_\_\_  
Do you claim veterans preference? ☐ Yes ☐ No If yes, applicable certificate must be attached.
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### ADDITIONAL DATA

10. Have you been convicted of a law violation(s) including moving traffic violations, since your 18<sup>th</sup> birthday? Failure to provide information on **all** convictions could result in **immediate** dismissal. ☐ Yes ☐ No  
If yes, give data, place, charge, court, and fine or sentence of conviction in Item #16. A conviction will not necessarily be a bar from employment. This information will be considered in relation to specific job requirements.
11. Have you been convicted of any offense or found by any court of law to have engaged in any act involving the sexual molestation, physical or sexual abuse, or rape of a child? ☐ Yes ☐ No If yes, explain in Item #16.
12. Have you ever been an employee of Fauquier County Government? ☐ Yes ☐ No  
If yes, previous dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Department: \_\_\_\_\_ Position: \_\_\_\_\_
13. Do you have any relatives working for the Fauquier County Government? ☐ Yes ☐ No  
If yes, please list name, relationship, position, and title in Item #16.
14. Are you known to references by any other name, including maiden name? ☐ Yes ☐ No  
If yes, what name? \_\_\_\_\_

## REFERENCES

15. List three persons not related to you by blood or marriage who have not already been listed in the Employment History Section who can comment on your qualifications.

	Full Name	Complete Home Address	Occupation	Telephone Number
1.				Office: Home:
2.				Office: Home:
3.				Office: Home:

## ADDITIONAL COMMENTS

16. If more space is required, attach additional sheets utilizing the same format.

Question Number

Supporting Comments

_____
_____
_____
_____
_____
_____

_____
_____
_____
_____
_____
_____

## PRE-EMPLOYMENT STATEMENT

Please read and sign the statement below.

By my signature below, I certify that I have not withheld any information requested and that all statements I have made are true and correct, to the best of my knowledge. I understand that any misrepresentation of the facts, or omission of facts, on this application is sufficient cause for dismissal. I also authorize John Marshall SWCD to verify statements made on this application by investigation as deemed advisable.

I further understand that any offer of employment I may receive from John Marshall SWCD is contingent upon my successful completion of the total pre-employment screening process which may include such investigations as criminal or civil convictions, driving records, finger-printing, previous employers and educational institutions, personal references, professional references, and other appropriate sources. I agree to cooperate fully with such investigations. I also understand that direct deposit of employee pay is a condition of employment.

I waive my right of access to any personal or professional reference information that may be obtained as a result of this application. I, without limitation, hereby release John Marshall SWCD and the reference source from any liability in connection with its release or use in connection with my application. This release includes the sources cited above and specifically information from: local, state, and federal law enforcement records, Central Criminal Records Exchange, Federal Bureau of Investigations, Child Abuse and Neglect Information System, federal, state, or local social services or child welfare agencies with information regarding child abuse or neglect, sexual molestation, or rape of a child. I understand that failure to cooperate with an investigation of my background, conducted according to Virginia law, may affect the consideration of my application.

I understand that any offer of employment is contingent on my providing documents and signing forms that demonstrate and certify my eligibility to work in the United State in compliance with the Immigration Reform and Control Act of 1986.

In addition, I further understand that nothing contained in this employment application or in John Marshall SWCD/Fauquier County Government Human Resources Policies or in the granting of an interview is intended to create an employment contract between the John Marshall SWCD/Fauquier County Government and me for either employment or the providing of any benefit. No promises regarding employment have been made to me.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*The Fauquier County Government/John Marshall SWCD is an Equal Opportunity Employer and does not discriminate against employees or applicants for employment on the basis of race, color, religion, sex, national origin, citizenship, age, handicap or disability, marital status, sexual orientation, or status as a Vietnam era or special disabled veteran, in accordance with applicable federal, state, and local laws.*